


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 26 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

DOCUMENT # 758577					
1. Entity Name ASSOCIATED INDUSTRIES OF FLORIDA					
Principal Place of Business 516 N ADAMS ST P.O. BOX 784 TALLAHASSEE, FL 32301 US			Mailing Address P. O. BOX 784 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05112006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-0148010				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEBEL, JON L 516 NORTH ADAMS STREET TALLAHASSEE, FL 32301			Name Bishop, Barney T. III Street Address (P.O. Box Number is Not Acceptable) 516 North Adams Street City Tallahassee FL Zip Code 32301		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 26 May 2006		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD NAME KEESLER, ALLEN J JR STREET ADDRESS 1345 SNELL HARBOR DRIVE, N.E. CITY-ST-ZIP ST PETERSBURG, FL 337043033	<input type="checkbox"/> Delete		TITLE VC NAME Bishop, Barney T. III STREET ADDRESS 516 North Adams Street CITY-ST-ZIP Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SHEBEL, JON L STREET ADDRESS 516 N ADAMS ST CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME WEST, ROBERT W STREET ADDRESS 2335 CAREFREE COVE CITY-ST-ZIP TALLAHASSEE, FL 323085777	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VC NAME LACHER, JOSEPH P STREET ADDRESS 150 W. FLAGLER ST., STE. 1901 CITY-ST-ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME SPEARMAN, GUY M III STREET ADDRESS 516 DELANNOY AVE. CITY-ST-ZIP COCOA, FL 329227814	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME DUDA, FERDINAND S. STREET ADDRESS 1975 W. STATE ROAD 426 CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other life empowered.					
SIGNATURE: <i>[Signature]</i>			DATE 05/19/2006 Daytime Phone # (850) 224-7173		